

**EIGHTY-SEVENTH GENERAL ASSEMBLY
2018 REGULAR SESSION
DAILY
HOUSE CLIP SHEET**

March 21, 2018

Clip Sheet Summary

Displays all amendments, fiscal notes, and conference committee reports for previous day.

Bill	Amendment	Action	Sponsor
<u>HF 2392</u>	<u>H-8299</u>		RECEIVED FROM THE SENATE
<u>HF 2446</u>	<u>H-8298</u>		RECEIVED FROM THE SENATE
<u>SF 359</u>	<u>H-8295</u>		WESSEL-KROESCHELL of Story
<u>SF 359</u>	<u>H-8296</u>		WESSEL-KROESCHELL of Story
<u>SF 359</u>	<u>H-8300</u>		WESSEL-KROESCHELL of Story
<u>SF 2117</u>	<u>H-8290</u>		GRASSLEY of Butler
<u>SF 2117</u>	<u>H-8292</u>		HALL of Woodbury
<u>SF 2117</u>	<u>H-8293</u>		HALL of Woodbury
<u>SF 2117</u>	<u>H-8294</u>		T. TAYLOR of Linn
<u>SF 2177</u>	<u>H-8297</u>		RECEIVED FROM THE SENATE
<u>SF 2349</u>	<u>H-8289</u>		LANDON of Polk
<u>SF 2349</u>	<u>H-8291</u>		OLDSON of Polk
<u>SF 2349</u>	<u>H-8303</u>		PETTENGILL of Benton

[SF 2364](#) [H-8301](#)

MASCHER of
Johnson

[SF 2364](#) [H-8302](#)

HUNTER of Polk,
et al

Fiscal Notes

[HF 2462](#) — [Medicaid Efficiency](#) (LSB5317HV.1)

SENATE AMENDMENT TO
HOUSE FILE 2392

H-8299

- 1 Amend House File 2392, as amended, passed, and reprinted by
2 the House, as follows:
3 1. Page 1, line 6, after <communications> by inserting <in
4 order to provide proof of or prevent criminal activity that is>

H-8299 FILED MARCH 20, 2018

SENATE AMENDMENT TO
HOUSE FILE 2446

H-8298

1 Amend House File 2446, as amended, passed, and reprinted by
2 the House, as follows:

3 1. Page 2, by striking lines 19 and 20 and inserting
4 <sections ~~476.11, 476.29~~, 476.95, ~~476.96~~, 476.95A, 476.95B,
5 476.100, ~~476.101~~, and 476.102.>

6 2. Page 14, line 23, by striking <476.100,>

H-8298 FILED MARCH 20, 2018

SENATE FILE 359

H-8295

1 Amend Senate File 359, as passed by the Senate, as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. Section 146A.1, Code 2018, is amended by
5 striking the section and inserting in lieu thereof the
6 following:

7 **146A.1 Prerequisites for an abortion.**

8 Except in the case of a medical emergency, as defined in
9 section 135L.1, for any woman, the physician shall certify both
10 of the following before performing an abortion:

11 1. That the woman has been given the opportunity to view an
12 ultrasound image of the fetus as part of the standard of care.

13 2. That the woman has been provided information regarding
14 the options relative to a pregnancy, including continuing the
15 pregnancy to term and retaining parental rights following the
16 child's birth, continuing the pregnancy to term and placing the
17 child for adoption, and terminating the pregnancy.

18 Sec. 2. REPEAL. Chapter 146B, Code 2018, is repealed.>

19 2. Title page, line 1, by striking <prohibiting> and
20 inserting <requiring>

21 3. Title page, lines 1 and 2, by striking <fetal body parts
22 and providing penalties> and inserting <a fetus>

By WESSEL-KROESCHELL of Story

H-8295 FILED MARCH 20, 2018

SENATE FILE 359

H-8296

1 Amend the amendment, H-8269, to Senate File 359, as passed by
2 the Senate, as follows:

3 1. By striking page 1, line 1, through page 3, line 23, and
4 inserting:

5 <Amend Senate File 359, as passed by the Senate, as follows:

6 _____. By striking everything after the enacting clause and
7 inserting:

8 <Section 1. Section 146A.1, Code 2018, is amended by
9 striking the section.

10 Sec. 2. 2017 Iowa Acts, chapter 108, sections 5, 6, and 7,
11 are amended by striking the sections.

12 Sec. 3. REPEAL. Chapter 146B, Code 2018, is repealed.>

13 _____. Title page, line 1, by striking <prohibiting> and
14 inserting <requiring>

15 _____. Title page, lines 1 and 2, by striking <fetal body
16 parts and providing penalties> and inserting <a fetus>>

By WESSEL-KROESCHELL of Story

H-8296 FILED MARCH 20, 2018

SENATE FILE 359

H-8300

1 Amend the amendment, H-8295, to Senate File 359, as passed by
2 the Senate, as follows:
3 1. Page 1, by striking lines 1 through 22 and inserting:
4 <Amend Senate File 359, as passed by the Senate, as follows:
5 _____. By striking everything after the enacting clause and
6 inserting:
7 <Section 1. Section 146A.1, Code 2018, is amended by
8 striking the section.
9 Sec. 2. 2017 Iowa Acts, chapter 108, sections 5, 6, and 7,
10 are amended by striking the sections.
11 Sec. 3. REPEAL. Chapter 146B, Code 2018, is repealed.>
12 _____. Title page, line 1, by striking <prohibiting> and
13 inserting <requiring>
14 _____. Title page, lines 1 and 2, by striking <fetal body
15 parts and providing penalties> and inserting <a fetus>>

By WESSEL-KROESCHELL of Story

H-8300 FILED MARCH 20, 2018

SENATE FILE 2117

H-8290

- 1 Amend the amendment, H-8012, to Senate File 2117, as
2 amended, passed, and reprinted by the Senate, as follows:
3 1. Page 2, by striking line 34 and inserting:
4 <..... \$ 10,933,070>
5 2. By striking page 4, line 26, through page 5, line 4.
6 3. By striking page 8, line 14, through page 9, line 5.
7 4. By renumbering as necessary.

By GRASSLEY of Butler

H-8290 FILED MARCH 20, 2018

SENATE FILE 2117

H-8292

1 Amend the amendment, H-8012, to Senate File 2117, as
2 amended, passed, and reprinted by the Senate, as follows:

3 1. Page 9, after line 5 by inserting:

4 <DIVISION ____
5 TAX CREDITS

6 Sec. _____. NEW SECTION. **421.11 Tax credits — applicability.**

7 1. For purposes of this section, "*tax expenditure*" means the
8 same as defined in section 2.48.

9 2. Tax expenditure and tax rate provisions in legislation
10 enacted on or after the effective date of this Act shall first
11 apply to the tax year that follows a fiscal year in which the
12 ending balance of both the economic emergency fund created in
13 section 8.55 and the cash reserve fund created in section 8.56
14 are equal to the maximum balance for both funds.

15 3. This section only applies to tax rate provisions that
16 reduce the rate of taxation.>

17 2. Title page, line 1, after <funding> by inserting <,
18 taxation,>

19 3. By renumbering as necessary.

By HALL of Woodbury

H-8292 FILED MARCH 20, 2018

SENATE FILE 2117

H-8293

1 Amend the amendment, H-8012, to Senate File 2117, as
2 amended, passed, and reprinted by the Senate, as follows:

3 1. Page 9, after line 5 by inserting:

4 <DIVISION ____

5 TAX CREDIT REVIEW

6 Sec. _____. NEW SECTION. 421.11 Ongoing tax credit review —
7 repeal dates.

8 1. The general assembly finds that a regular review of
9 the tax credits administered by the department of revenue is
10 necessary to determine whether each credit is effectively and
11 efficiently meeting the needs for which created and whether
12 the needs remain applicable. The general assembly further
13 finds that a regular, systematic review process can identify
14 the tax credits that are no longer relevant or functioning at
15 a desirable level and can eliminate or reorganize those tax
16 credits so that state resources can be used most effectively or
17 diverted to other priorities.

18 2. The committees on ways and means of the senate and house
19 of representatives shall propose legislation for consideration
20 by the eighty-eighth general assembly, 2019 session, providing
21 a staggered schedule for establishing an automatic repeal
22 date for each tax credit administered by the department over
23 the succeeding five-year period. The committees on ways and
24 means shall consult with the office of the governor and the
25 department in formulating the staggered schedule and the
26 office and department shall cooperate in providing necessary
27 information requested by either committee. The repeal date
28 provisions shall be implemented in a manner so that any
29 tax credit that is reauthorized by law is again subject to
30 automatic repeal five years after reauthorization.>

31 _____. Title page, line 1, after <funding> by inserting <,
32 taxation,>>

33 2. By renumbering as necessary.

By HALL of Woodbury

H-8293 (Continued)

H-8293 FILED MARCH 20, 2018

SENATE FILE 2117

H-8294

- 1 Amend the amendment, H-8012, to Senate File 2117, as
2 amended, passed, and reprinted by the Senate, as follows:
3 1. Page 7, by striking lines 9 through 32.
4 2. By renumbering as necessary.

By T. TAYLOR of Linn

H-8294 FILED MARCH 20, 2018

SENATE AMENDMENT TO HOUSE AMENDMENT TO

H-8297

- 1 Amend the House amendment, S-5083, to Senate File 2177, as
- 2 passed by the Senate, as follows:
- 3 1. Page 1, lines 24 and 25, by striking <subsections 1 and
- 4 5, Code 2018, are> and inserting <subsection 5, Code 2018, is>
- 5 2. By striking page 1, line 26, through page 2, line 6.

H-8297 FILED MARCH 20, 2018

SENATE FILE 2349

H-8289

1 Amend the amendment, H-8288, to Senate File 2349, as passed
2 by the Senate, as follows:

3 1. By striking page 1, line 1, through page 3, line 15, and
4 inserting:

5 <Amend Senate File 2349, as passed by the Senate, as follows:

6 _____. By striking everything after the enacting clause and
7 inserting:

8 <Section 1. NEW SECTION. 505.20 **Certain agricultural**
9 **organizations exempt from regulation.**

10 1. A health benefit plan, sponsored by a nonprofit
11 agricultural organization domiciled in this state and created
12 primarily to promote programs for the development of rural
13 communities and the economic stability and sustainability of
14 farmers in the state which meets the requirements set forth in
15 subsection 2, shall be deemed to not be insurance and shall
16 not be subject to the provisions of Title XIII, subtitle 1, to
17 the extent such plan, after January 1, 2018, provides health
18 benefits under a self-funded arrangement that is administered
19 by a domestic entity that is registered as a third-party
20 administrator pursuant to chapter 510 and that has continuously
21 provided, either directly or through an affiliate, health
22 care administrative services to the nonprofit agricultural
23 organization or its affiliates for a period in excess of ten
24 years.

25 2. A nonprofit agricultural organization providing a health
26 benefit plan to its members under this section must meet all
27 of the following requirements:

28 a. Have been in existence for twenty-five continuous years
29 prior to the issuance of health benefits to members of the
30 organization.

31 b. Provide membership opportunities for eligible individuals
32 in all ninety-nine counties of the state.

33 c. Collect annual dues from members.

34 d. Hold regular meetings to further the purposes of the
35 members.

1 e. Provide the members with representation on its governing
2 board and committees.

3 f. Provide education, mentoring, and financial assistance to
4 grow and expand rural businesses in the state.

5 g. Have contracted with the domestic entity described in
6 subsection 1 to administer the health benefit plan.

7 3. Such nonprofit agricultural organization shall file a
8 certification with the commissioner that the organization meets
9 the foregoing requirements prior to providing health benefits
10 under a self-funded arrangement to its members.

11 Sec. 2. Section 507A.4, subsection 9, Code 2018, is amended
12 to read as follows:

13 9. a. Transactions involving a multiple employer welfare
14 arrangement, as defined in section 3 of the federal Employee
15 Retirement Income Security Act of 1974, 29 U.S.C. §1002,
16 paragraph 40, if the multiple employer welfare arrangement
17 meets all of the following conditions:

18 (1) The arrangement is administered by an authorized
19 insurer or an authorized third-party administrator.

20 ~~{2} The arrangement has been in existence and provided~~
21 ~~health insurance in Iowa for at least five years prior to July~~
22 ~~1, 1997.~~

23 ~~{3}~~ (2) The arrangement ~~was~~ is established by a trade,
24 industry, or professional association of employers that
25 has a constitution or bylaws, and ~~has been~~ is organized and
26 maintained in good faith ~~for at least ten continuous years~~
27 ~~prior to July 1, 1997~~ with membership stability as defined by
28 rules adopted by the commissioner.

29 ~~{4}~~ (3) The arrangement registers with and obtains
30 and maintains a certificate of registration issued by the
31 commissioner ~~of insurance.~~

32 ~~{5}~~ (4) The arrangement is subject to the jurisdiction
33 of the commissioner ~~of insurance, including regulatory~~
34 ~~oversight~~ and complies with all rules and solvency standards as
35 established ~~by rules adopted by the commissioner of insurance~~

1 pursuant to chapter 17A.

2 ~~b. A multiple employer welfare arrangement registered with~~
3 ~~the commissioner of insurance~~ that does not meet the solvency
4 ~~standards requirements~~ established by rule ~~adopted by the~~
5 ~~commissioner of insurance~~ is pursuant to chapter 17A shall be
6 subject to chapter 507C.

7 ~~c. A multiple employer welfare arrangement that meets all~~
8 of the conditions of paragraph "a" shall not be considered any
9 of the following:

10 (1) An insurance company or association of any kind or
11 character under section 432.1.

12 (2) A member of the Iowa individual health benefit
13 reinsurance association under section 513C.10.

14 (3) A member insurer of the Iowa life and health insurance
15 guaranty association under section 508C.5, subsection 12.

16 ~~d. A multiple employer welfare arrangement registered with~~
17 ~~the commissioner of insurance~~ shall file with the commissioner
18 ~~of insurance~~ on or before March 1 of each year a copy of the
19 report required to be filed by the multiple employer welfare
20 arrangement with the United States department of labor pursuant
21 to 29 C.F.R. §2520.101-2. A newly formed multiple employer
22 welfare arrangement shall file with the commissioner a copy
23 of the report required to be filed pursuant to 29 C.F.R.
24 §2520.101-2 by a newly formed multiple employer welfare
25 arrangement with the United States department of labor thirty
26 days prior to operating in any state. The copy shall be filed
27 with the commissioner within thirty calendar days of the date
28 that the multiple employer welfare arrangement files the report
29 with the United States department of labor.

30 ~~e. When not otherwise provided, a~~ A foreign or domestic
31 multiple employer welfare arrangement doing business in this
32 state shall pay ~~to the commissioner of insurance~~ the fees
33 ~~as required in~~ pursuant to section 511.24 unless otherwise
34 provided by law.

35 Sec. 3. Section 509.1, Code 2018, is amended by adding the

1 following new subsection:

2 NEW SUBSECTION. 8A. A policy of group health insurance
3 coverage issued to an associated health plan pursuant
4 to section 513D.1 that is subject to regulation by the
5 commissioner.

6 Sec. 4. Section 509.1, subsection 9, unnumbered paragraph
7 1, Code 2018, is amended to read as follows:

8 A policy issued to a resident of this state under a group
9 life, accident, or health insurance policy issued to a group
10 other than one described in subsections 1 through 8 8A, subject
11 to the following requirements:

12 Sec. 5. NEW SECTION. 513D.1 **Association health plans.**

13 The commissioner shall adopt rules that allow for the
14 creation of association health plans that are consistent with
15 the United States department of labor's regulations in 29
16 C.F.R. pt. 2510.

17 Sec. 6. NEW SECTION. 513D.2 **Rules and enforcement.**

18 1. The commissioner shall adopt rules, as necessary,
19 pursuant to chapter 17A to administer this chapter.

20 2. The commissioner may take any enforcement action under
21 the commissioner's authority to enforce compliance with this
22 chapter.

23 Sec. 7. **EMERGENCY RULES.** The commissioner may adopt
24 emergency rules under section 17A.4, subsection 3, and
25 section 17A.5, subsection 2, paragraph "b", to administer the
26 provisions of this Act. Any rules adopted in accordance with
27 this section shall also be published as a notice of intended
28 action as provided in section 17A.4.>

29 ____. Title page, by striking lines 1 through 3 and inserting
30 <An Act relating to health plans established by associations of
31 employers or sponsored by certain agricultural organizations.>>

32 2. By renumbering as necessary.

By LONDON of Polk

H-8289 (Continued)

H-8289 FILED MARCH 20, 2018

SENATE FILE 2349

H-8291

1 Amend the amendment, H-8288, to Senate File 2349, as passed
2 by the Senate, as follows:

3 1. By striking page 1, line 1, through page 3, line 15, and
4 inserting:

5 <Amend Senate File 2349, as passed by the Senate, as follows:

6 _____. By striking everything after the enacting clause and
7 inserting:

8 <Section 1. Section 507A.4, subsection 9, Code 2018, is
9 amended to read as follows:

10 9. a. Transactions involving a multiple employer welfare
11 arrangement, as defined in section 3 of the federal Employee
12 Retirement Income Security Act of 1974, 29 U.S.C. §1002,
13 paragraph 40, if the multiple employer welfare arrangement
14 meets all of the following conditions:

15 (1) The arrangement is administered by an authorized
16 insurer or an authorized third-party administrator.

17 ~~{2} The arrangement has been in existence and provided~~
18 ~~health insurance in Iowa for at least five years prior to July~~
19 ~~1, 1997.~~

20 ~~{3}~~ (2) The arrangement ~~was~~ is established by a trade,
21 industry, or professional association of employers that
22 has a constitution or bylaws, and ~~has been~~ is organized and
23 maintained in good faith ~~for at least ten continuous years~~
24 ~~prior to July 1, 1997~~ with membership stability as defined by
25 rules adopted by the commissioner.

26 ~~{4}~~ (3) The arrangement registers with and obtains
27 and maintains a certificate of registration issued by the
28 commissioner ~~of insurance.~~

29 ~~{5}~~ (4) The arrangement is subject to the jurisdiction
30 of the commissioner ~~of insurance, including regulatory~~
31 ~~oversight~~ and complies with all rules and solvency standards as
32 established ~~by rules adopted by the commissioner of insurance~~
33 pursuant to chapter 17A.

34 b. A multiple employer welfare arrangement ~~registered with~~
35 ~~the commissioner of insurance~~ that does not meet the solvency

1 ~~standards~~ requirements established by ~~rule adopted by~~ the
2 ~~commissioner of insurance~~ is pursuant to chapter 17A shall be
3 subject to chapter 507C.

4 c. A multiple employer welfare arrangement that meets all
5 of the conditions of paragraph "a" shall not be considered any
6 of the following:

7 (1) An insurance company or association of any kind or
8 character under section 432.1.

9 (2) A member of the Iowa individual health benefit
10 reinsurance association under section 513C.10.

11 (3) A member insurer of the Iowa life and health insurance
12 guaranty association under section 508C.5, subsection 12.

13 d. A multiple employer welfare arrangement registered with
14 the ~~commissioner of insurance~~ shall file with the commissioner
15 ~~of insurance~~ on or before March 1 of each year a copy of the
16 report required to be filed by the multiple employer welfare
17 arrangement with the United States department of labor pursuant
18 to 29 C.F.R. §2520.101-2. A newly formed multiple employer
19 welfare arrangement shall file with the commissioner a copy
20 of the report required to be filed pursuant to 29 C.F.R.
21 §2520.101-2 by a newly formed multiple employer welfare
22 arrangement with the United States department of labor thirty
23 days prior to operating in any state. The copy shall be filed
24 with the commissioner within thirty calendar days of the date
25 that the multiple employer welfare arrangement files the report
26 with the United States department of labor.

27 e. ~~When not otherwise provided, a~~ A foreign or domestic
28 multiple employer welfare arrangement doing business in this
29 state shall pay ~~to the commissioner of insurance~~ the fees
30 ~~as required in pursuant to~~ section 511.24 unless otherwise
31 provided by law.

32 Sec. 2. Section 509.1, Code 2018, is amended by adding the
33 following new subsection:

34 NEW SUBSECTION. 8A. A policy of group health insurance
35 coverage issued to an associated health plan pursuant

1 to section 513D.1 that is subject to regulation by the
2 commissioner.

3 Sec. 3. Section 509.1, subsection 9, unnumbered paragraph
4 1, Code 2018, is amended to read as follows:

5 A policy issued to a resident of this state under a group
6 life, accident, or health insurance policy issued to a group
7 other than one described in subsections 1 through 8 8A, subject
8 to the following requirements:

9 Sec. 4. NEW SECTION. 513D.1 **Association health plans.**

10 The commissioner shall adopt rules that allow for the
11 creation of association health plans that are consistent with
12 the United States department of labor's regulations in 29
13 C.F.R. pt. 2510. An association health plan created pursuant
14 to this chapter shall comply with chapter 514C and shall not
15 deny, exclude, or limit benefits for a member based on a
16 member's preexisting condition.

17 Sec. 5. NEW SECTION. 513D.2 **Rules and enforcement.**

18 1. The commissioner shall adopt rules, as necessary,
19 pursuant to chapter 17A to administer this chapter.

20 2. The commissioner may take any enforcement action under
21 the commissioner's authority to enforce compliance with this
22 chapter and chapter 514C.>>

By OLDSO of Polk

H-8291 FILED MARCH 20, 2018

SENATE FILE 2349

H-8303

1 Amend Senate File 2349, as passed by the Senate, as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. NEW SECTION. 505.20 Certain organizations
5 exempt from regulation.

6 1. A health benefit plan, sponsored by an eligible
7 organization domiciled in this state that meets the
8 requirements set forth in subsection 2, shall be deemed to
9 not be insurance pursuant to this subtitle and shall not be
10 subject to the jurisdiction of the commissioner of insurance
11 to the extent such health benefit plan, after January 1, 2019,
12 provides health benefits under a self-funded arrangement that
13 is administered by an eligible third-party administrator that
14 meets the requirements set forth in subsection 3.

15 2. An eligible organization providing a health benefit
16 plan to its members under this section shall meet all of the
17 following requirements:

18 a. Provide membership opportunities for eligible
19 individuals.

20 b. Collect annual dues from members.

21 c. Hold regular meetings to further the purposes of the
22 members.

23 d. Provide members with representation on the organization's
24 governing board and committees.

25 e. Provide education, mentoring, or financial assistance.

26 f. Contract with an eligible third-party administrator that
27 meets the requirements set forth in subsection 3 to administer
28 the health benefit plan. The contract with the eligible
29 third-party administrator shall provide that the eligible
30 third-party administrator shall not be responsible for paying
31 any claims under the health benefit plan that are not funded
32 by the eligible organization.

33 3. An eligible third-party administrator administering a
34 self-funded arrangement under this section shall meet all of
35 the following requirements:

1 a. Register as a third-party administrator pursuant to
2 chapter 510.

3 b. Offer individual health insurance products either
4 directly or through an affiliate organization.

5 4. Prior to providing a health benefit plan to its
6 members under this section an eligible organization shall
7 file a certification with the commissioner that the eligible
8 organization meets all requirements of this section.

9 5. The commissioner shall ensure expedited processing of
10 a third-party administrator registration pursuant to chapter
11 510 for a third-party administrator administering a self-funded
12 arrangement under this section.

13 Sec. 2. Section 507A.4, subsection 9, Code 2018, is amended
14 to read as follows:

15 9. a. Transactions involving a multiple employer welfare
16 arrangement, as defined in section 3 of the federal Employee
17 Retirement Income Security Act of 1974, 29 U.S.C. §1002,
18 paragraph 40, if the multiple employer welfare arrangement
19 meets all of the following conditions:

20 (1) The arrangement is administered by an authorized
21 insurer or an authorized third-party administrator.

22 ~~(2) The arrangement has been in existence and provided~~
23 ~~health insurance in Iowa for at least five years prior to July~~
24 ~~1, 1997.~~

25 ~~(3)~~ (2) The arrangement ~~was~~ is established by a trade,
26 industry, or professional association of employers that
27 has a constitution or bylaws, and ~~has been~~ is organized and
28 maintained in good faith ~~for at least ten continuous years~~
29 ~~prior to July 1, 1997~~ with membership stability as defined by
30 rules adopted by the commissioner.

31 ~~(4)~~ (3) The arrangement registers with and obtains
32 and maintains a certificate of registration issued by the
33 commissioner ~~of insurance.~~

34 ~~(5)~~ (4) The arrangement is subject to the jurisdiction
35 of the commissioner ~~of insurance, including regulatory~~

1 ~~oversight~~ and complies with all rules and solvency standards as
2 established ~~by rules adopted~~ by the commissioner of insurance
3 pursuant to chapter 17A.

4 b. A multiple employer welfare arrangement ~~registered with~~
5 ~~the commissioner of insurance~~ that does not meet the solvency
6 ~~standards requirements~~ established by ~~rule adopted by the~~
7 commissioner of insurance is pursuant to chapter 17A shall be
8 subject to chapter 507C.

9 c. A multiple employer welfare arrangement that is
10 recognized as tax-exempt under Internal Revenue Code section
11 501(c)(9) and that meets all of the conditions of paragraph "a"
12 shall not be considered any of the following:

13 (1) An insurance company or association of any kind or
14 character under section 432.1.

15 (2) A member of the Iowa individual health benefit
16 reinsurance association under section 513C.10.

17 (3) A member insurer of the Iowa life and health insurance
18 guaranty association under section 508C.5, subsection 12.

19 d. A multiple employer welfare arrangement registered with
20 the commissioner of insurance shall file with the commissioner
21 of insurance on or before March 1 of each year a copy of the
22 report required to be filed by the multiple employer welfare
23 arrangement with the United States department of labor pursuant
24 to 29 C.F.R. §2520.101-2. A newly formed multiple employer
25 welfare arrangement shall file with the commissioner a copy
26 of the report required to be filed pursuant to 29 C.F.R.
27 §2520.101-2 by a newly formed multiple employer welfare
28 arrangement with the United States department of labor thirty
29 days prior to operating in any state. The copy shall be filed
30 with the commissioner within thirty calendar days of the date
31 that the multiple employer welfare arrangement files the report
32 with the United States department of labor.

33 e. ~~When not otherwise provided, a~~ A foreign or domestic
34 multiple employer welfare arrangement doing business in this
35 state shall pay ~~to the commissioner of insurance the fees~~

1 ~~as required in~~ pursuant to section 511.24 unless otherwise
2 provided by law.

3 Sec. 3. Section 509.1, Code 2018, is amended by adding the
4 following new subsection:

5 NEW SUBSECTION. 8A. A policy of group health insurance
6 coverage issued to an associated health plan pursuant
7 to section 513D.1 that is subject to regulation by the
8 commissioner.

9 Sec. 4. Section 509.1, subsection 9, unnumbered paragraph
10 1, Code 2018, is amended to read as follows:

11 A policy issued to a resident of this state under a group
12 life, accident, or health insurance policy issued to a group
13 other than one described in subsections 1 through 8 8A, subject
14 to the following requirements:

15 Sec. 5. NEW SECTION. 513D.1 **Association health plans.**

16 The commissioner shall adopt rules that allow for the
17 creation of association health plans that are consistent with
18 the United States department of labor's regulations in 29
19 C.F.R. pt. 2510. A multiple employer welfare arrangement that
20 is recognized as tax-exempt under Internal Revenue Code section
21 501(c)(9) and that is registered with the commissioner prior
22 to January 1, 2018, shall not be considered an association
23 health plan unless the multiple employer welfare arrangement
24 affirmatively elects to be treated as an association health
25 plan.

26 Sec. 6. NEW SECTION. 513D.2 **Rules and enforcement.**

27 1. The commissioner shall adopt rules, as necessary,
28 pursuant to chapter 17A to administer this chapter.

29 2. The commissioner may take any enforcement action under
30 the commissioner's authority to enforce compliance with this
31 chapter.>

32 2. Title page, by striking lines 1 through 3 and inserting
33 <An Act relating to health plans established by associations of
34 employers or sponsored by certain organizations.>

35 3. By renumbering as necessary.

H-8303 (Continued)

By PETTENGILL of Benton

H-8303 FILED MARCH 20, 2018

SENATE FILE 2364

H-8301

1 Amend Senate File 2364, as amended, passed, and reprinted by
2 the Senate, as follows:

3 1. Page 1, before line 1 by inserting:

4 <Section 1. NEW SECTION. **225C.54A Mental health services**
5 **system for children and youth — regional core services.**

6 1. For the purposes of this section, unless the context
7 otherwise requires, "*domain*" means a set of similar services
8 that can be provided depending upon a child's or youth's
9 service needs.

10 2. *a.* (1) A region shall work with service providers to
11 ensure that mental health and disability services are available
12 to children and youth who are residents of the region,
13 regardless of the potential payment source for the services.

14 (2) Subject to the available appropriations, the director
15 of human services shall ensure the mental health and disability
16 service domains listed in subsection 4 are covered services
17 for the medical assistance program under chapter 249A to the
18 greatest extent allowable under federal regulations. Within
19 funds available, the region shall pay for such services for
20 eligible children and youth when payment through the medical
21 assistance program or another third-party payment is not
22 available, unless the child or youth is on a waiting list for
23 such payment or it has been determined that the child or youth
24 does not meet the eligibility criteria for any such service.

25 *b.* Until funding is designated for other mental health
26 and disability service populations, eligibility for the
27 service domains listed in this section shall be limited to
28 such children and youth who are in need of mental health or
29 intellectual disability services. However, if a county in
30 a region was providing services to an eligibility class of
31 children and youth with a developmental disability other than
32 intellectual disability or a brain injury prior to formation
33 of the region, the class of children and youth shall remain
34 eligible for the services provided when the region was formed,
35 provided that funds are available to continue such services

1 without limiting or reducing core services.

2 3. Pursuant to recommendations made by the director of human
3 services, the state commission shall adopt rules as required by
4 section 225C.6 to define the services included in the initial
5 and additional core service domains listed in this section.
6 The rules shall provide consistency, to the extent possible,
7 with similar service definitions under the medical assistance
8 program. The rules relating to the credentialing of a person
9 directly providing services shall require all of the following:

10 a. The person shall provide services and represent the
11 person as competent only within the boundaries of the person's
12 education, training, license, certification, consultation
13 received, supervised experience, or other relevant professional
14 experience.

15 b. The person shall provide services in substantive areas
16 or use intervention techniques or approaches that are new only
17 after engaging in appropriate study, training, consultation,
18 and supervision from a person who is competent in those areas,
19 techniques, or approaches.

20 c. If generally recognized standards do not exist with
21 respect to an emerging area of practice, the person shall
22 exercise careful judgment and take responsible steps,
23 including obtaining appropriate education, research, training,
24 consultation, and supervision, in order to ensure competence
25 and to protect from harm the persons receiving the services in
26 the emerging area of practice.

27 4. The initial core service domains shall include the
28 following:

29 a. Treatment designed to ameliorate a child's or youth's
30 condition, including but not limited to all of the following:

- 31 (1) Assessment and evaluation.
32 (2) Mental health outpatient therapy.
33 (3) Medication prescribing and management.
34 (4) Mental health inpatient treatment.

35 b. Basic crisis response provisions, including but not

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1 limited to all of the following:

2 (1) Twenty-four-hour access to crisis response.

3 (2) Evaluation.

4 (3) Personal emergency response system.

5 c. Support for community living, including but not limited
6 to all of the following:

7 (1) Home health aide.

8 (2) Home and vehicle modifications.

9 (3) Respite.

10 (4) Supportive community living.

11 d. Support for employment or for activities leading to
12 employment providing an appropriate match with the child's or
13 youth's abilities based upon informed, person-centered choices
14 made from an array of options, including but not limited to all
15 of the following:

16 (1) Day habilitation.

17 (2) Job development.

18 (3) Supported employment.

19 (4) Prevocational services.

20 e. Recovery services, including but not limited to all of
21 the following:

22 (1) Family support.

23 (2) Peer support.

24 f. Service coordination including coordinating physical
25 health and primary care, including but not limited to all of
26 the following:

27 (1) Case management.

28 (2) Health homes.

29 5. A region shall ensure that access is available to
30 providers of core services that demonstrate competencies
31 necessary for all of the following:

32 a. Serving children and youth with co-occurring conditions.

33 b. Providing evidence-based services.

34 c. Providing trauma-informed care that recognizes the
35 presence of trauma symptoms in children and youth receiving

1 services.>

2 2. Page 1, after line 35 by inserting:

3 <Sec. _____. Section 331.396, subsection 1, paragraph d, Code
4 2018, is amended by striking the paragraph.

5 Sec. _____. Section 331.396, subsection 2, paragraph d, Code
6 2018, is amended by striking the paragraph.

7 Sec. _____. DEPARTMENT OF HUMAN SERVICES — TRANSFER OF MENTAL
8 HEALTH AND DISABILITY SERVICES REGIONS TO THE DEPARTMENT OF
9 PUBLIC HEALTH.

10 1. Beginning July 1, 2018, the director of human services
11 shall work with the director of public health to transfer the
12 duties of the department of human services regarding the mental
13 health and disability services regions to the department of
14 public health effective July 1, 2019.

15 2. Any contract entered into by the department of human
16 services in matters related to the mental health and disability
17 services regions in effect at the conclusion of the fiscal year
18 beginning July 1, 2018, shall continue in full force and effect
19 pending transfer of such contracts to the department of public
20 health.

21 3. Any rule, regulation, form, order, or directive
22 promulgated by the department of human services regarding the
23 mental health and disability services regions in existence at
24 the conclusion of the fiscal year beginning July 1, 2018, shall
25 continue in full force and effect until amended, repealed, or
26 supplemented by affirmative action of the department of public
27 health.

28 4. With regard to updating references and format in the Iowa
29 administrative code in order to correspond to the transferring
30 of the duties related to the mental health and disability
31 services region from the department of human services to
32 the department of public health, the administrative rules
33 coordinator and the administrative rules review committee, in
34 consultation with the administrative code editor, shall jointly
35 develop a schedule for the necessary updating of the Iowa

1 administrative code.

2 5. The director of human services, in cooperation with the
3 director of public health, pursuant to section 2.16, shall
4 prepare draft legislation for submission to the legislative
5 services agency, as necessary, for consideration by the general
6 assembly during the 2019 legislative session, necessary to
7 complete the transfer of its duties related to the mental
8 health and disability services regions to the department of
9 public health effective July 1, 2019.>

10 3. Title page, line 1, after <Act> by inserting <relating to
11 child and adult services and safety by>

12 4. Title page, line 3, after <buildings> by inserting <, and
13 by providing for other related services including mental health
14 and disability services>

15 5. By renumbering as necessary.

By MASCHER of Johnson

H-8301 FILED MARCH 20, 2018

1 Amend Senate File 2364, as amended, passed, and reprinted by
2 the Senate, as follows:

3 1. Page 1, before line 1 by inserting:

4 <Section 1. NEW SECTION. **80.46 School safety hotline,**
5 **internet site, and mobile internet application — penalty.**

6 1. For purposes of this section, "*threat to school safety*"
7 means a threat of harassment or bullying as defined in section
8 280.28, suicide or self-harm, or violence against others.

9 2. The department shall establish a statewide, toll-free
10 telephone hotline, internet site, and mobile internet
11 application for the purpose of receiving reports from the
12 public regarding threats or possible threats to school
13 safety in this state. The hotline, internet site, and
14 application shall include means for receiving anonymous reports
15 which ensure that the identity of an individual making a
16 report cannot be determined by the department or any other
17 person. The department may consult the office of the chief
18 information officer in the development of the internet site
19 and application. The department shall refer all reports
20 received through the hotline, internet site, and application
21 to appropriate school and local law enforcement personnel
22 and service providers. Such reports shall be confidential
23 and shall not be a public record subject to disclosure under
24 chapter 22.

25 3. The department shall advertise the hotline, internet
26 site, and application through the use of public service
27 announcements and other appropriate means. The department
28 shall publicize the hotline, internet site, and application in
29 all schools in this state through written materials and other
30 appropriate means.

31 4. The department shall annually publish on the
32 department's internet site information on the disposition of
33 each report received through the hotline, internet site, and
34 application. Such publication shall not include personally
35 identifying information of an individual who made a report or

1 who was the subject of a report.

2 5. In consultation with behavioral health care providers,
3 the department shall adopt rules pursuant to chapter 17A to
4 establish and operate the hotline, internet site, and internet
5 application. The rules shall include but are not limited to
6 the following:

7 a. Provisions that protect the identity of an individual
8 reporting information without compromising opportunities
9 for follow-up contact from school and local law enforcement
10 personnel and service providers to provide further information
11 to or obtain further information from the individual.

12 b. Written policies and procedures for all of the following:

13 (1) Logging reports received on the hotline, internet site,
14 and internet application.

15 (2) Verifying the authenticity and validity of a threat or
16 possible threat to student safety.

17 (3) Relaying information concerning a threat or possible
18 threat to student safety to appropriate school and local law
19 enforcement personnel and service providers.

20 (4) Connecting the hotline with other hotlines that
21 are available to receive reports of violence or for crisis
22 prevention.

23 (5) Tracking referrals to appropriate school and local
24 law enforcement personnel and service providers resulting
25 from information received on the hotline, internet site, and
26 internet application and tracking the outcome of any action
27 taken in response to the referral.

28 6. An individual who makes a report on the hotline, internet
29 site, or internet application for a purpose other than to
30 report a situation that the individual reasonably believes
31 requires prompt action in order to preserve human life or
32 property commits a simple misdemeanor.>

33 2. Page 1, after line 35 by inserting:

34 <Sec. _____. IMPLEMENTATION. The department shall not
35 implement a telephone hotline, internet site, and mobile

1 internet pursuant to section 80.46, as enacted by this Act,
2 until the rules required by section 80.46, subsection 5, as
3 enacted by this Act, have become effective.>

4 3. Title page, line 3, after <buildings> by inserting
5 <providing for the establishment of a school safety hotline,
6 internet site, and mobile internet application, and providing
7 penalties>

8 4. By renumbering as necessary.

By HUNTER of Polk
ABDUL-SAMAD of Polk
ANDERSON of Polk
BEARINGER of Fayette
BENNETT of Linn
BRECKENRIDGE of Jasper
BROWN-POWERS of Black Hawk
COHOON of Des Moines
HALL of Woodbury
P. MILLER of Jefferson
HEDDENS of Story
KACENA of Woodbury
KEARNS of Lee
KRESSIG of Black Hawk
MASCHER of Johnson
McCONKEY of Pottawattamie
FORBES of Polk
H. MILLER of Webster
NIELSEN of Johnson
OLDSON of Polk
OLSON of Polk
OURTH of Warren
PRICHARD of Floyd
RUNNING-MARQUARDT of Linn
M. SMITH of Marshall
R. SMITH of Black Hawk

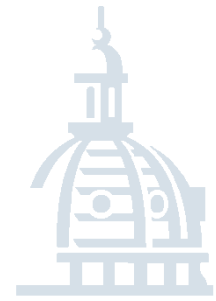
H-8302 (Continued)

STAED of Linn
STECKMAN of Cerro Gordo
T. TAYLOR of Linn
THEDE of Scott
WESSEL-KROESCHELL of Story
WINCKLER of Scott
WOLFE of Clinton
GAINES of Polk
GASKILL of Wapello
KURTH of Scott
LENSING of Johnson

[H-8302](#) FILED MARCH 20, 2018

Fiscal Note

Fiscal Services Division



HF 2462 – Medicaid Efficiency (LSB5317HV.1)

Analyst: Jess Benson (515.689.0598) jess.benson@legis.iowa.gov

Fiscal Note Version – As amended and passed by the House

Description

House File 2462 as amended makes various changes to the administration and oversight of the Heathy and Well Kids in Iowa (*hawk-i*) and Medicaid programs. The changes and the fiscal impacts are listed below by Division.

Divisions I and II

Description

Division I transfers responsibility for the managed care capitation process and member premium collection from the administrative contractor to the Department of Human Services (DHS), to be administered through the Iowa Medicaid Enterprise (IME).

Division II requires the DHS to suspend the eligibility of individuals following the first 30 days of the individuals' commitment to an institution. The Bill also requires public institutions to provide a monthly report of the inmates who are committed and of those who are discharged to the DHS and to the Social Security Administration.

Assumptions

- The changes required in Divisions I and II are estimated to require 6,813 staff contract hours at \$105 per hour to update various systems. Details of the number of contract hours necessary to update each system are listed below in **Table 1**.
- The federal match rate for the data warehouse, medical systems, and Eligibility Integrated Application Solution (ELIAS) system is 93.94% federal and 6.06% State.
- The federal match rate for the income maintenance system is 85.79% federal and 14.21% State.
- The DHS does not believe the Department will be able to implement Division I in FY 2019; therefore, the fiscal impact will begin with FY 2020.

Fiscal Impact

Division I and II of the Bill are estimated to increase General Fund expenditures by \$6,000 in FY 2019 and approximately \$49,000 in FY 2020.

Table 1 — Divisions I and II Fiscal Impact

Systems Changes – Division I	Contract Hours	Hourly Rate	Total Cost	State Cost
Data Warehouse	500	\$ 105	\$ 52,500	\$ 3,182
Medical Systems	1,600	105	168,000	10,181
Income Maintenance	1,000	105	105,000	14,921
ELIAS	3,333	105	350,000	21,210
Total			\$ 675,500	\$ 49,494
Systems Changes – Division II	Contract Hours	Hourly Rate	Total Cost	State Cost
Income Maintenance	380	\$ 105	\$ 39,900	\$ 5,670

Note: Totals may not sum due to rounding.

Division III

Description

Provider Processes and Procedures

- Specifies that when all of the required documents and other information necessary to process a claim have been received by a managed care organization (MCO), the MCO is required to provide payment to the claimant within the timeline specified if the claim is approved. If the MCO is denying the claim in whole or in part, the MCO is required to provide notice to the claimant, including the reasons for the denial, in a manner consistent with national industry best practice guidelines.
- Requires an MCO to correct any errors it finds due to system configuration and fully reprocess the claims affected by the error within 90 days of the discovery.
- Requires the DHS to develop and use standardized Medicaid provider enrollment forms.
- Requires the DHS to develop and implement uniform Medicaid provider credentialing standards to be used by the MCOs. The credentialing process is deemed to begin when the MCO has received all necessary credentialing materials from the provider and is deemed to have ended when written communication is mailed or faxed to the provider notifying the provider of the MCO's decision.

Members Services and Processes

- Specifies that if a Medicaid member prevails in a review or appeal regarding the provision of services by an MCO, the services subject to the review or appeal are required to be extended for a period of time determined by the Director of the DHS. However, services are not required to be extended if there is a change in the member's condition that warrants a change in services as determined by the member's interdisciplinary team, there is a change in the member's eligibility status as determined by the DHS, or the member voluntarily withdraws from services.
- Specifies that if a Medicaid member is receiving court-ordered services or treatment for a substance-related disorder pursuant to Iowa Code chapter [125](#) or for a mental illness pursuant to Iowa Code chapter [229](#), the services or treatment are required to be provided and reimbursed for an initial period of five days before an MCO may apply medical necessity criteria to determine the most appropriate services, treatment, or placement for the Medicaid member.
- Specifies the DHS is to review and have approval authority for a Medicaid member's level of care reassessment that indicates a decrease in the level of care. Managed care organizations are required to comply with the findings of the DHS review. If a level of care reassessment indicates there is no change in a Medicaid member's level of care needs, the Medicaid member's existing level of care will be continued.
- Requires the DHS to maintain and update Medicaid member eligibility files in a timely manner consistent with national industry best practices.

Medicaid Program Review and Oversight

- Requires the DHS to facilitate a workgroup, in collaboration with representatives of the MCOs and health home providers, to review the health home programs. The Bill as amended requires the DHS to submit a report of the workgroup's findings and recommendations by December 15, 2018, to the Governor and the General Assembly.
- Requires the DHS, in collaboration with Medicaid providers and MCOs, to initiate a review process to determine the effectiveness of prior authorizations used by the MCOs, with the goal of making adjustments based on relevant service costs and member outcomes data.
- Requires the DHS to enter into a contract with an independent auditor to perform an audit of small dollar claims paid to or denied Medicaid long-term services and supports providers. The Bill specifies that the DHS may take any action specified in the MCO contract relative to

any claim the auditor determines to be incorrectly paid or denied, subject to appeal by the MCO to the Director of the DHS.

Assumptions

Provider Processes and Procedures

- The provisions in subsections 1a, 1b, and 1c are either current practice or are not estimated to have any additional impact to the State.

Members Services and Processes

- For subsection 2a, it is estimated there will be 4,000 reviews that the Director of the DHS will be required to evaluate to determine the period of time in which a service may be received if a Medicaid member prevails in a review or appeal, and it is estimated that each review will cost \$40 in staff time.
- For subsection 2b, it is estimated that 20.0% of cases (600 cases) will result in court-ordered services that are not medically necessary. It is assumed that the court order will be lifted, or the Medicaid Program will not be responsible for payment on day five when services are not medically necessary. The total estimated cost per case is \$6,700.
- For subsection 2c, giving the DHS the authority to review and have approval authority for a Medicaid member's level of care reassessment that indicates a decrease in the level of care is not expected to have an impact on current MCO capitation rates because current Program experience is built into the capitation rates. On average, the DHS is currently overruling half of the long-term services and supports (LTSS) level of care determinations the Department reviews. Given this, the provision may impact possible savings to future MCO capitation rates due to a lower level of care being provided to LTSS and Home and Community-Based Services (HCBS) waiver populations.
- The Federal Medical Assistance Percentage (FMAP) rate for FY 2019 and FY 2020 is 59.57% federal and 40.43% State.

Medicaid Program Review and Oversight

- Subsection 3a, requiring the DHS to facilitate a workgroup to review the health home programs, will have no fiscal impact because current MCO capitation rates include the cost of health homes.
- Subsection 3b, requiring the DHS to initiate a review process to determine the effectiveness of prior authorizations used by the MCOs, may have a fiscal impact, but any potential impact will depend on the results of the review.
- For subsection 3c, it is estimated that the independent auditor the DHS contracts with to review claims under \$2,500 will be required to review a majority of the approximately 7,000,000 approved claims and 4,000,000 denied claims paid annually. Additionally, if clinical records are needed to review the accuracy of payment, audit costs could increase significantly.
- The administrative match rate is 50.0% federal and 50.0% State.

Fiscal Impact

Division III of the Bill as amended is estimated to increase General Fund expenditures by \$4.7 million in FY 2019 and FY 2020. In addition, the provision giving the DHS the authority to review and have approval authority for a Medicaid member's level of care reassessment may impact future Medicaid Program savings. The provisions with a fiscal impact are listed in **Table 2** below.

Table 2 — Division III Fiscal Impact

Activities – Division III	Total Cost	State Cost
Director Review – Length of Services	\$ 160,000	\$ 65,488
Non-Medically Necessary Court-Ordered Services	4,020,000	1,645,386
Small Dollar Claims Audit	6,000,000	3,000,000
Total Activities – Division III	\$ 10,180,000	\$ 4,710,874

Divisions IV, V, and VI

Description

Division IV eliminates the various copayments for a covered prescription drug under the Medicaid Program and instead provides that a recipient of Medicaid is required to pay a copayment of \$1 on each prescription filled or refilled for a covered prescription drug.

Division V directs the Executive Committee of the Medical Assistance Advisory Council (MAAC) to review data collected and analyzed in periodic reports to the General Assembly to determine which data points should be included and analyzed to more accurately identify trends and issues with, and promote the effective and efficient administration of, Medicaid managed care for all stakeholders. The Executive Committee is required to report its findings and recommendations to the MAAC for review and comment by October 1, 2018, and to submit a final report to the Governor and the General Assembly by December 31, 2018.

Division VI amends the reimbursement provision for targeted case management (TCM) services under the Medicaid Program, which is currently established as cost-based reimbursement for 100.0% of the reasonable costs for provision of the services. Under the Bill, effective July 1, 2018, TCM services will instead be reimbursed based on a statewide fee schedule amount developed by rule of the DHS in accordance with Iowa Code chapter [17A](#). The Division also amends the reimbursement provisions for psychiatric medical institutions for children (PMICs) to provide that inpatient psychiatric services for individuals under 21 years of age provided by non-State-owned providers are required to be reimbursed according to a fee schedule without reconciliation, and for services provided by State-owned providers are required to be reimbursed at 100.0% of the actual and allowable cost of providing the service.

Assumptions

- The changes to the Medicaid copayments in Division IV have been in place since December 2015 due to federal requirements. The conforming State changes will have no fiscal impact to the State.
- The rate changes for TCM services and PMICs will be developed so that they are budget neutral and will have no fiscal impact to the State.

Fiscal Impact

Divisions IV through VI of the Bill have no fiscal impact.

Summary of Fiscal Impacts

[House File 2462](#) as amended and passed by the House is estimated to increase General Fund expenditures by \$4.7 million in FY 2019 and \$4.8 million in FY 2020. **Table 3** below lists the fiscal impact by Division.

Table 3 — Summary of General Fund Fiscal Impacts FY 2019 and FY 2020

Fiscal Impact by Division	FY 2019	FY 2020
Division I	\$ 0	\$ 49,494
Division II	5,670	0
Division III	4,710,874	4,710,874
Division IV	0	0
Division V	0	0
Division VI	0	0
Total	\$ 4,716,544	\$ 4,760,368

Sources

Department of Human Services
LSA analysis

/s/ Holly M. Lyons

March 20, 2018

The fiscal note for this Bill was prepared pursuant to Joint Rule 17 and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.